



1950

D A R F I E L D
U R B A N D I S T R I C T C O U N C I L



A N N U A L R E P O R T
O F T H E
M E D I C A L O F F I C E R
F O R T H E Y E A R 1950.



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F O R T H E Y E A R 1950.

DARFIELD URBAN DISTRICT COUNCIL

Divisional Health Office,
The Gables,
WOMBWELL.

September, 1951.

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
for the Year 1950

To the Chairman and Members of the
Darfield Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the Health and Social conditions of your Urban District for the year ended 31st December, 1950. The report is written in accordance with the Ministry of Health Circular No. 2/50 and for completeness contains details of the services administered by the County Council which are of so much importance to the health of the community and which therefore, I know, are of interest to you.

The vital statistics in general are favourable and show an all round improvement on those of the previous year. The death rate was lower though the adjusted death rate remained higher than that of England and Wales. The infantile mortality rate, said by many to be the most delicate index of the health of the district, was considerably lower than in 1949 and much lower than the rate for the country as a whole. The birth rate again fell, but the adjusted birth rate remained higher than the birth rate for England and Wales. The incidence of notifiable infectious diseases rose, due to a sharp epidemic of measles in the last quarter of the year, but excluding Tuberculosis there were no fatalities and, in general, the infections passed without leaving any ill effects among the sufferers.

My impression, and it is only an impression because of lack of statistical data, is that the health of the people of your district throughout the year was satisfactory. On one section of the community, the schoolchildren, I can offer a more accurate observation because of the opportunity I have as Divisional School Medical Officer to study their health closely and because of the wealth of information available to me through the school health service and the school medical

inspections. There can be no question that the children of Darfield are healthy and their general nutrition, in the main, good, a fact made possible to a large extent by the introduction of free milk and mid-day meals into the schools. I do not attempt to compare the health of the child population with that of the adult community as the diseases to which children are prone are not usually the diseases which affect adults but there is one striking difference between them, their different outlook towards health and disease. The schoolchild is health conscious and very rarely disease conscious and all his training at home and at school is directed towards this outlook. Go among any crowd of children, say between the ages of 10-14 years, and I doubt whether you will ever hear the word illness mentioned. How different would be the result if you mingled among a crowd of adults, men or women, where illness as a topic of discussion often ranks high and where mention of the word is the rule rather than the exception. It is a strange outlook indeed when illness as a topic of conversation persists even among a queue of people awaiting admission to a theatre or a cinema presumably to be entertained. The art of living to a child is something very real, let us not lose that art in adult life when we must face the responsibilities of our station and the complexities of modern civilisation. Its possession, in a higher degree, would go a long way to promote a healthier population.

I would like to take the opportunity to thank the members of the Council for their support and continued interest in all matters relating to the health of the district, my divisional health staff, for their willing assistance, and your Sanitary Inspector, Mr. C. Cawthorne, for the loyal co-operation and support he has always so readily given me. He has prepared that part of the report dealing with the sanitary circumstances of the district.

I am,

Your obedient servant,

R. S. HYND.

Medical Officer of Health.

DARFIELD URBAN DISTRICT COUNCIL

ANNUAL REPORT

FOR THE YEAR 1950

Statistics and Social Conditions of the Area.

Area	2,018 acres.
Population (Census 1931)	5,260
Registrar General's estimate of resident Population mid 1950	6,222
No. of inhabited houses	1,895
Ratable Value as at 31st December, 1950	£22,576
Nett product of a Penny Rate as at 31st March, 1950	£82:14:4d.

Coal mining is the principal occupation of the population and apart from two small factories is the only industry in the district.

VITAL STATISTICS

Live Births

	Males	Females	Total
Legitimate	55	48	103
Illegitimate	1	3	4
TOTALS ...	<u>56</u>	<u>51</u>	<u>107</u>

The number of live births registered showed a decrease of 5 from the previous year with a crude birth rate of 17.2 per 1,000 estimated population as compared with 18.2 per 1,000 estimated population for 1949. The Registrar General supplied a comparability factor for the births in 1950, a factor which relates the proportion of women of child-bearing age in the district with the proportion in a standard population. The crude birth rate multiplied by this comparability factor gives an adjusted birth rate which is strictly comparable with similar adjusted birth rates in other districts and with the birth rate of the country as a whole. The adjusted birth rate for the district was 18.1 per 1,000 estimated population as compared with a rate of 15.8 per 1,000 estimated population for England and Wales.



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Stillbirths.

There were two stillbirths last year as against none in the previous year. The stillbirth rate for the district was 0.32 per 1,000 estimated population which compares with a rate of 0.37 per 1,000 estimated population for England and Wales.

Deaths.

Once again the Registrar General supplied a comparability factor for deaths in the district. The adjusted death rate was 12.0 per 1,000 estimated population as compared with 12.7 for the previous year and with 11.6 for England and Wales. Compared with 1949 there was a decrease in deaths among males and an increase in the deaths among females. The number of deaths in 1950 was 67 as against 70 in 1949. The principal causes of death in numerical importance were: heart and circulatory diseases; cancer; tuberculosis. Deaths from heart and circulatory diseases and tuberculosis increased while deaths from cancer and respiratory diseases (other than Pulmonary Tuberculosis) decreased. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

Infantile Mortality.

There were 2 deaths during the year of infants under the age of one year giving an infantile mortality rate of 18.6 per 1,000 live births as compared with 62.5 for the previous year and 30 for England and Wales. Both babies died within the neo-natal period and indeed one only survived a few hours. This small loss of infant life, while regretted, nevertheless reflects credit on the medical and nursing services of the district.

Maternal Mortality.

I am happy to report that there were no deaths from maternal causes during the year.

Infantile Mortality Rate

1941	...	...	56.6	1946	...	...	66.1
1942	...	...	86.9	1947	...	...	7.2
1943	...	...	34.3	1948	...	...	28.6
1944	...	...	32.5	1949	...	...	62.5
1945	...	...	96.0	1950	...	...	18.6

INFANTILE MORTALITY IN 1950

Nett deaths from stated causes under one year of age.

Cause of Death	Under 1 week	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	Total under 1 month	1 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	Total under 1 year
Premature birth, malformation etc. ...	1	-	-	-	1	-	-	-	-	1
Convulsions ...	-	1	-	-	1	-	-	-	-	1
TOTALS	1	1	-	-	2	-	-	-	-	2

DEATHS IN AGE GROUPS

	Males	Females	Total
Under 1 year ...	1	1	2
1 - 5 years ...	1	-	1
5 - 10 years ...	-	-	-
10 - 15 years ...	-	-	-
15 - 20 years ...	-	-	-
20 - 25 years ...	-	2	2
25 - 35 years ...	1	-	1
35 - 45 years ...	1	1	2
45 - 55 years ...	4	2	6
55 - 65 years ...	6	8	14
65 - 70 years ...	4	4	8
70 - 75 years ...	-	4	4
75 - 80 years ...	5	7	12
80 - 85 years ...	7	3	10
85 - 90 years ...	-	4	4
90 years and over ...	-	1	1
TOTALS ...	30	37	67

CAUSES OF DEATH IN 1950

Causes of Death	Males	Females
1. Tuberculosis, respiratory	2	2
2. Tuberculosis, other	1	-
3. Syphilitic disease	-	-
4. Diphtheria	-	-
5. Whooping Cough	-	-
6. Meningococcal infections	-	-
7. Acute poliomyelitis	-	-
8. Measles	-	-
9. Other infective and parasitic diseases	-	-
10. Malignant neoplasm, stomach	3	1
11. Malignant neoplasm, lung, bronchus ...	1	2
12. Malignant neoplasm, breast	-	-
13. Malignant neoplasm, uterus	-	-
14. Other malignant and lymphatic neoplasms	2	3
15. Leukaemia, aleukaemia	-	-
16. Diabetes	-	1
17. Vascular lesions of nervous system ...	-	5
18. Coronary disease, angina	4	3
19. Hypertension with heart disease ...	-	1
20. Other heart disease	9	14
21. Other circulatory disease	1	2
22. Influenza	-	-
23. Pneumonia	1	-
24. Bronchitis	1	-
25. Other diseases of respiratory system	-	-
26. Ulcer of stomach and duodenum	-	-
27. Gastritis, enteritis and diarrhoea ...	-	1
28. Nephritis and nephrosis	-	-
29. Hyperplasia of prostate	2	-
30. Pregnancy, childbirth, abortion ...	-	-
31. Congenital malformations	-	-
32. Other defined and ill-defined diseases	2	2
33. Motor vehicle accidents	-	-
34. All other accidents	-	-
35. Suicide	1	-
36. Homicide and operations of war	-	-
All causes ...	30	37

Birth Rates, Death Rates, Analysis of Mortality, Maternal Mortality
and Case-rates for Certain Infectious Diseases in the Year 1950.
Provisional figures based on Quarterly Returns.

	Darfield U. D. C.	England and Wales	126 County Boroughs & Great Towns (inc. London)	148 smaller towns (Resident pop. 25,000 - 50,000 at 1931 census).	London admini- strative County.
Rates per 1,000 Home Population					
Births:					
Live births	18.2	15.8	17.6	16.7	17.8
Still births	0.32	0.37	0.45	0.38	0.36
Deaths:					
All causes	12.1	11.6	12.3	11.6	11.8
Typhoid & paratyphoid	0.00	0.00	0.00	0.00	0.00
Whooping Cough ...	0.00	0.01	0.01	0.01	0.01
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.80	0.36	0.42	0.33	0.39
Influenza	0.00	0.10	0.09	0.10	0.07
Smallpox	-	-	-	-	-
Acute poliomyelitis (inc. polioencephalitis)	0.00	0.02	0.02	0.02	0.01
Pneumonia	0.16	0.46	0.49	0.45	0.48
Notifications (Corrected)					
Typhoid fever	0.00	0.00	0.00	0.00	0.01
Paratyphoid fever ...	0.00	0.01	0.01	0.01	0.01
Meningococcal infection	0.00	0.03	0.03	0.02	0.03
Scarlet Fever	0.16	1.50	1.56	1.61	1.23
Whooping Cough ...	5.11	3.60	3.97	3.15	3.21
Diphtheria	0.00	0.02	0.03	0.02	0.03
Erysipelas	0.16	0.07	0.19	0.16	0.17
Smallpox	0.00	0.00	0.00	-	-
Measles	25.55	8.39	8.76	8.36	6.57
Pneumonia	1.12	0.70	0.77	0.61	0.50
Acute poliomyelitis (inc. polioencephalitis)					
Paralytic	0.16	0.13	0.12	0.11	0.08
Non-paralytic	0.00	0.05	0.05	0.06	0.05
Food Poisoning	0.16	0.17	0.16	0.14	0.25
Deaths:					
Rates per 1,000 Live Births					
All causes under 1 year of age	18.6	29.8	33.8	29.4	26.3
Enteritis and diarrhoea under 2 years of age	-	1.9	2.2	1.6	1.0
Notifications (Corrected)					
Rates per 1,000 Total (Live and Still) Births					
Puerperal fever and pyrexia	9.17	5.81	7.43	4.33	6.03

Maternal Mortality in England and Wales

International List No. and cause	Rates per 1,000 Total (Live and Still) Births	Rates per million women aged 15-44
651. Abortion with sepsis ...	0.09	7
650, 652. Other abortion ...	0.05	4
640-649, 670-678. Complication of pregnancy and delivery ...	0.54	—
681. Sepsis of childbirth and the puerperium	0.03	—
680, 682-689. Other complications of the puerperium	0.15	—

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1950.

Based on Registrar General's Figures.

	Darfield Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (prov'nal figures)
Birth Rate per 1,000 estimated population				
Crude	17.2	15.9)	
Adjusted	18.2	16.2	) 16.3	15.8
Death rate per 1,000 estimated population				
Crude	10.8	12.4)	
Adjusted	12.1	12.6	) 11.8	11.6
Infective and Parasitic Diseases excluding tuberculosis but including venereal diseases	-	0.10	0.10	not available
Tuberculosis:				
Respiratory	0.64	0.26	0.26	0.32
Other	0.16	0.04	0.04	0.04
All forms	0.80	0.30	0.30	0.36
Cancer	1.93	1.94	1.83	1.99
Vascular lesions of the nervous system	0.80	1.70	1.59	not available
Heart and circulatory diseases	5.46	4.66	4.39	do.
Respiratory diseases ...	0.32	1.26	1.18	do.
Maternal mortality	-	0.95	0.98	0.86
Infant mortality	19	33	35	30
Still births	18	24	24	not available

GENERAL PROVISIONS OF THE HEALTH SERVICES

The duty of providing residential accommodation for the aged and infirm and those in need of care and attention was discharged by the County Council. Requests for such accommodation from Darfield residents were few but those who did make application were accommodated with little delay at one or other of the various hostels and institutions within the County area. I am glad to report that it was not found necessary to take action under Section 47 of the National Assistance Act, 1948.

Comment on the hospital service is not strictly new within my province but as your medical officer of health I cannot but be interested in all the health services of the district whether I am concerned in their administration or not. It is perhaps too soon since the inception of the National Health Service Act to expect a satisfactory balance to have been struck among the hospital needs of the acute and chronic sick, the infectious diseases and the mental illnesses. The hospital needs of the acute sick of the district, the maternity patients and those suffering from infectious diseases were more than adequately met last year. Admission of tuberculous patients into sanatoria was accelerated and the time lag between diagnosis and admission materially improved. The provision of hospital beds for the chronic sick was not satisfactory though there was some improvement in the situation towards the end of the year. Perhaps the most urgent need for better hospital provision was among patients suffering from mental illnesses including the more severe forms of mental defectiveness. Nursing a patient suffering from a mental disorder imposes a very considerable strain on the other members of the family and often seriously dislocates the home life. So often such patients need almost constant attention throughout the 24 hours of the day and, while the other members of the family usually accept this heavy burden with great fortitude and give the patient every care, it is not surprising, because of the long duration of many mental illnesses, when eventually they seek assistance and ask for the admission of the patient to hospital. Last year considerable difficulty was experienced in getting hospital vacancies for aged mental patients and for young persons suffering from the more severe forms of mental deficiency and many families suffered considerable strain because of it. The Regional Hospital Board and the Local Management Committees are well aware of the position and it is hoped their efforts to remedy the situation will soon meet with success.

General Hospitals.

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below.

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

Infectious Diseases Hospitals

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

Maternity Hospitals.

Maternity cases were usually admitted to the following hospitals:

St. Helen Hospital, Barnsley.

Montagu Hospital, Mexborough.

Hallamshire Maternity Home, Chapeltown.

Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases

Tuberculosis Scheme.

Throughout the year the closest liaison between the Chest Physician and the Health Department was maintained, a liaison made the stronger by the linkage of the two departments through the work of the Tuberculosis Visitor. She, while officially attached to my staff, worked also with the Chest Physician in his clinics and her work, in no small way, bridged the gap between preventive and curative medicine and welded the work of both departments into one corporate whole. Under Section 28 of the National Health Service Act facilities were given by the County Council for after-care arrangements for tuberculosis patients. On the advice of the Chest Physician extra nourishment in the form of a free-milk allowance was given to those patients for whom it was indicated on medical grounds; and open-air shelters, with the loan of the necessary bed and bedding, were provided for suitable cases. The Tuberculosis Visitor, by regular visitation of the homes of all tuberculous patients, not only looked after the welfare of the patient but kept under surveillance the family contacts and advised on the precautions to be taken against the spread of infection in the family.

I am glad to acknowledge once again the valuable help given me by the Council in granting housing priority to tuberculous patients where re-housing was indicated as a measure of prevention.

The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below.

Wednesdays:	10.0a.m.	-	12.0noon.
Wednesdays:	2.0p.m.	-	4.0p.m.
Thursdays:	10.0a.m.	-	12.0noon.
Thursdays:	2.0p.m.	-	4.0p.m.
Fridays:	10.0a.m.	-	12.0noon.

Venereal Diseases.

The nearest centre for Darfield patients for the diagnosis and treatment of these diseases is in Barnsley.

Address: Special Treatment Centre, Queen's Road, Barnsley.

Other centres are situated at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

Ambulance Service.

Much internal re-organisation of the ambulance service was made in 1950 and the personnel must be congratulated on the excellent service which was provided. The year saw the final replacement of all the old-type ambulances by new vehicles, modern in design and adaptable for both stretcher and sitting patients, and all equipped with radio-telephony. The use of radio-telephonic control not only saved a considerable ambulance mileage but ensured a quicker response to an urgent call than was possible in the past. It is now the proud boast of the local depot that an ambulance can collect an urgent case even from the extreme limits of the collecting area within 15 minutes of the receipt of the call at the depot by re-routing by radio-telephone the nearest ambulance to the spot. For urgent cases reciprocal arrangements with the neighbouring County Boroughs of Sheffield and Barnsley provide for the immediate despatch of the nearest ambulance no matter which authority is responsible for the service, a most praiseworthy example of mutual co-operation and assistance with the interest of the patient put above all other considerations.

While we must be grateful for an efficient ambulance service its continued efficiency must to a large extent depend on the co-operation of the public and the careful use of the service. In my last annual report I commented upon the greatly increased demands on the ambulance service since the introduction of the National Health Service Act, demands which even still further increased in 1950. There was certainly not a commensurable increase in the amount of sickness in 1950 to account for the further increase nor were there appreciably more calls for the immediate removal to hospital of patients seriously ill from disease or injury. As in the previous year once again the increase was in the main connected with the out-patient department traffic. In practice a heavy out-patient department traffic means the routing of ambulances over a very wide area and in consequence delay in getting patients home. Additionally it often means extra waiting time at hospitals for out-patients because of the large numbers to be carried. We must distinguish between an ambulance service and a taxi service, the one is a necessity which we must afford, the other is a convenience which we cannot. This distinction is not yet apparent to all, let us hope that it soon will be and the present misuse of the service stopped.

Home Nursing.

Last year the Home Nurse made 3,392 visits to patients in the district as compared with 2,806 visits in the previous year. The increase in the number of visits was not caused by an increase in the amount of sickness but by the increased demands made on the service by

the family doctors. That such demands could be met was made possible by the introduction of a more comprehensive relief system among the home nurses throughout the division.

The scope of the home nursing service has widened and the effect of this expansion was seen last year when more calls for nursing attention to patients with acute illnesses were received than was usual in the past. The limit of the service has by no means been reached and I fully expect the demands on the service will steadily increase in the next few years with the scope and variety of the patients nursed ever widening. Home Nursing does not replace hospital treatment but it is complementary to it and does materially help hospital bed accommodation especially when used in conjunction with the home help scheme. Throughout the year there existed a close liaison, through the almoner service, between the hospitals in Sheffield and Barnsley and the health department, with the result that it was possible to discharge patients from hospital, particularly those recovering from operation, sooner than would have been the case if the home nursing services had not been so fully developed. The need also for some of the chronic sick being admitted to hospital was removed because of the availability of a home nurse and a suitable home help.

Nursing in the home is to be encouraged and not discouraged, hospitals are necessary for many illnesses but the aim should always be to treat a patient in his own home and only admit to hospital when adequate treatment in the home is impossible. More often than not the main stumbling block to home nursing is inadequate housing accommodation and not inadequate means of treatment and as the housing situation improves so will the emphasis on home nursing be stronger. The family doctor, with the help of a home nurse and domestic assistance, can more than cope with most illnesses and it will be for the benefit of the community if he is allowed and encouraged to do so.

Home Help Scheme.

The expansion of the home help scheme was made possible in the middle of the year by an increase in the establishment for the division from 8 whole-time home helps, or their equivalent in part-time workers, to 15. Once again the greatest need for assistance from the scheme was found among the aged group of the population and three-quarters of the total assistance permitted was given to these people. To cover all the deserving cases the number of hours given to each household was minimal and indeed not always sufficient but such a system at least gave some help to large numbers and not just to the few.

Though the home help scheme in its enlarged form has now been in operation for three years its underlying principles and purpose are not always appreciated and yet they must be understood if the scheme is to prosper and be efficient economically. The need for a home help must be real and, equally, an applicant for assistance must show that the need cannot be met from other sources. The family is expected to help in the illness of the mother and it is hoped that near relatives and kindly neighbours will continue to rally round for I can envisage no state-aided home help scheme which could do without such assistance. It is important also to realise that the scheme is not free, though with the aged it very often is, and the household is expected to pay for the assistance given according to its means and within the scale of charges laid down by the County Council. Lastly it should be understood that the number of home helps is strictly limited, the County Council has

fixed the establishment of home helps for the division and it is my duty, as divisional medical officer, not only to see they are used to the best advantage but to see that the number authorised is not exceeded. Whether the authorised establishment of home helps is sufficient for the needs of the district may be a matter of opinion but I am convinced that the success of any home help scheme depends to a very large measure on the healthy members of the population giving willing and voluntary service to those less fortunately placed.

Laboratory Service.

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

Maternity and Child Welfare Services.

The Maternity and Child Welfare Services are provided by the County Council and clinics are held in the Methodist Church, Barnsley Road. Infant Welfare Clinics are held weekly on Wednesday afternoons and 50 sessions were held during the year. There was an attendance of 3,214 children, an average of 64.2 per session and 98 children were seen for the first time, all of whom were under the age of one year. 952 children were examined by the doctor, an average of 19.0 per session.

The attendance of mothers and babies at the welfare clinics last year was good, a matter of real satisfaction to me when in other areas there is a disquieting tendency for attendance rates to fall. The function of an infant welfare clinic (I have stressed this before and make no apology for repeating it) is the teaching of mothercraft, the instruction of a mother in infant management and care so she appreciates the various milestones in the baby's development and is able to recognise early and correct the minor dietetic disorders. The fundamental purpose of the clinic is to prevent children becoming ill rather than to treat ailing children and its chief weapon is health education and not the bottle of medicine. The clinic is not in competition with the family doctor's surgery, the two have entirely different functions, the one to prevent illness occurring and the other, usually, to treat illness already established. For a baby to require medical treatment can often be construed as an admission of failure by the parents to apply the principles of infant care or a failure of the clinic to make those principles clearly understood to parents. The clinic staff will always strive to promote infant health and I hope the mothers of Darfield will always be ready to respond.

Ante-Natal clinics are held on the mornings of the 2nd and 4th Fridays of the month. 25 sessions were held during the year at which 71 women made 266 attendances with an average attendance of 10.6 per session. 16 women made 16 attendances for post-natal examination, a

slight improvement on the previous year but still far from satisfactory. The number of expectant mothers attending the clinics was lower than in previous years partly due to the increased use of the General Practitioner/Obstetrician Scheme created by the National Health Service Act and partly due to the increased use of the hospital maternity services. Last year 31 mothers had their confinements in hospital as against 21 in the previous year.

SANITARY CIRCUMSTANCES OF THE AREA

Housing.

The number of inhabited houses in the district at the end of the year was 1,895. 18 new houses were built during the year, 16 by your Council and 2 by private enterprise. One house, no longer fit for human habitation, was demolished. The decrease from the previous year in the number of new houses erected was due to the need for extensive alterations to the sewerage system before a new housing programme could be started. A detailed analysis of the housing position is given in the report of the Sanitary Inspector.

Water Supplies.

The water supply for the district, which is a piped supply, is obtained from disused colliery workings, supplemented by water from the Roebuck reservoir, a mixed supply from the Sheffield County Borough upland water supply and the Evorill Gate well of the Dearne Valley Water Board. In emergency, water supplies can be obtained from the Roebuck reservoir in whole, from the Barnsley County Borough upland supply or Roebuck water source blended with water from the Highgate Colliery disused workings. The latter supply will be abandoned in 1951. The water is filtered and chlorinated and samples from the township are analysed monthly. As an additional precaution the sources of supply are tested weekly for purity.

It is to be regretted that the expected fall in the total hardness of the water through the operation of the new water softening plant was not realised last year. During the peak drawing periods it was found there was insufficient water storage for the treated water and the extra volume of water required during these periods had to be taken from the hard water supply. While the water supply is bacteriologically pure and safe its continued hardness is disappointing and it is hoped that whatever difficulties preventing a constant soft water supply throughout the district remain will be speedily overcome in the near future.

INFECTIOUS DISEASES

During the year a total of 222 cases of infectious diseases were notified as compared with a total of 93 cases in the previous year. The increase was due entirely to a sharp epidemic of measles in the last quarter of the year.

Notifiable Diseases (other than Tuberculosis) during 1950.

	Total Cases notified	Admitted to Hospital	Deaths
Measles	159	-	-
Whooping Cough	32	-	-
Smallpox	-	-	-
Scarlet Fever	1	1	-
Diphtheria	-	-	-
Enteric Fever	-	-	-
Puerperal Pyrexia	1	-	-
Pneumonia	7	1	1
Encephalitis Lethargica ...	-	-	-
Acute Poliomyelitis:			
(a) Paralytic	1	1	-
(b) Non-paralytic ...	-	-	-
Erysipelas	1	-	-
Meningococcal Infection ...	1	1	-
Food Poisoning	1	-	-
Dysentery	2	-	-
 TOTALS ...	 206	 4	 1

Scarlet Fever.

Only one case of Scarlet Fever was notified during the year as against 5 in 1949 and 7 in 1948. The child was nursed at home and made a speedy and uneventful recovery.

Diphtheria.

I am happy to record that for the fifth successive year no case of diphtheria was reported in the district. The immunisation statistics showed 81.8% of all children in the district between the ages of 0-14 years were immunised as against 77.0% for the previous year. The percentage of children immunised in the age group 0-4 years rose from 48.5% to 56.4% and those in the age group 5-14 years from 95.7% to 97.6%. The improved immunisation state in the lower age group is particularly encouraging and is the happy result of an intensive effort by the welfare clinic staff. Last year 153 children starting their school life were immunised for the first time. I hope the time will come when I can report that every child attending school for the first time was immunised previously in infancy.

Measles.

There was a sharp epidemic of measles in the last quarter of the year in the main affecting children living in the higher parts of the district. 159 cases were reported as compared with 6 in the previous year. On the whole the disease was mild and without complications but nevertheless it had a high nuisance value and caused much dislocation of school life particularly at the Shroggs Head Primary School. A close watch was kept on this school with the school nurse attending daily but though exclusion of certain contacts was necessary the school was never closed.

Whooping Cough.

The incidence of whooping cough in the district was lower with 32 cases notified as compared with 75 in the previous year. None of the affected children required hospital treatment and there were no deaths from the disease. With the decline in incidence and severity of the common infectious diseases in the past few years whooping cough has assumed the role of the most fatal infectious disease in children under the age of 3 and often the most disabling because of the incidence of lung complications. I would like to give the position of whooping cough immunisation as clearly as I can because many people wonder why local health authorities do not immunise babies against the disease when immunisation can be obtained through the family doctor under the National Health Service Scheme.

A very great deal of research on whooping cough vaccine has been done in many parts of the country and many vaccine preparations have been tried. All, under rigidly controlled experimental conditions, have proved efficacious to a certain degree, with some better than others, but so far no vaccine has been discovered which has the same degree of effectiveness against whooping cough as the diphtheria prophylactics have against diphtheria. The real danger to mass immunisation schemes against a disease is to start the scheme too soon before a really effective prophylactic is available. If this were done in whooping cough and too many immunised children contracted the disease it might well prejudice the minds of parents against immunisation for many years to come and even when a really potent prophylactic was available.

I believe the day when a potent prophylactic against whooping cough will be available is not far off, in the meantime it must be left to the family doctor to immunise those children who, because of immaturity or debility, should not run the risk of contracting the disease at the same time informing the parents the immunisation may not be completely effective. Parents can help by ensuring babies and debilitated children do not come in contact with children suffering from the disease.

Poliomyelitis.

There was one case of poliomyelitis notified last year in a boy aged 4 and I am glad to record the disease left him without residual paralysis.

Tuberculosis.

16 new cases of Tuberculosis were notified during the year, 13 of whom had Pulmonary lesions and 3 Non-Pulmonary lesions. There were 4 deaths from Pulmonary Tuberculosis and 1 death from Non-Pulmonary Tuberculosis in the year.

As I write this report arrangements have been completed for the Mass Radiography Unit to visit Wombwell for 3 weeks and every care has been taken to encourage the people of your district to attend for X-ray examination. Detection of the disease in its early stages offers the sufferer the best prospect of an early cure and helps in the prevention of spread of the disease by bringing to light the hidden sources of infection and permitting the necessary isolation during the infectious period of the disease.

Progress was made during the year in the protection of susceptible children who were intimate contacts of open cases of Pulmonary Tuberculosis with B.C.G. vaccine. The scheme is still very much in its infancy but it will grow as the initial difficulties are overcome and will prove, I believe, of real value in the prevention of the disease among children.

TUBERCULOSIS - New cases and Mortality for the past four years.

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1947	9	1	6	1
1948	8	1	4	-
1949	13	-	1	-
1950	13	3	4	1

Tuberculosis - New Cases and Mortality in 1950.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	1	-	-	-	1	-
5	1	-	1	1	-	-	-	-
15	1	2	-	-	-	1	-	-
25	2	1	-	-	-	-	-	-
35	2	-	-	-	-	-	-	-
45	1	-	-	-	-	1	-	-
55	2	-	-	-	1	-	-	-
65 and upwards	1	-	-	-	1	-	-	-
TOTALS	10	3	2	1	2	2	1	-

Tuberculosis - Record of Cases during 1950.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on register at 1st January, 1950	22	20	1	3
No. of cases notified for first time during year	9	3	2	1
No. of cases restored to register	-	-	-	-
No. of cases added to register otherwise than by notification	1	-	-	-
No. removed to other districts	-	-	-	-
No. cured or otherwise removed from register	-	-	-	-
No. died	2	1	-	-
Total at end of 1950	30	22	3	4

ANNUAL REPORT
OF THE
SANITARY INSPECTOR
FOR THE YEAR 1950.

To the Chairman and Members of the
Darfield Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my report on the sanitary circumstances of the district for the year ending 1950.

My duties as Sanitary Inspector commenced on the 1st July, 1950, the duties of office being previously carried out by Mr. J. Finney of Wombwell.

As the first whole-time Sanitary Inspector to the Urban District I have given substantial thought to the preparation of systems of recording and filing so that records will be available for the future. In addition to establishing a sound administrative basis for the Department a good measure of progress was made in the betterment of general sanitary circumstances in the district as is shown in the detail which follows.

I remain,

Your obedient servant,

C. CANTHORNE.

Sanitary Inspector.

PUBLIC CLEANSING.

(a) Refuse Collection.

Refuse Collection was maintained throughout the year with a seven day frequency of collection even in the very bad winter months.

To facilitate the work of collection all ashpits in the district - except those necessarily retained in conjunction with privies, were abolished, the owners being required to supply dustbins in substitution. A considerable number of dilapidated dustbins were renewed by the owners or by the Council using powers of default under the Public Health Act. There was much opposition from property owners to the renewal of dustbins but no one availed themselves of the right of appeal against the service of statutory notice.

As a consequence of the improved refuse storage facilities on premises, the refuse collection team saved an appreciable amount of time which enabled a regular collection to be maintained without additional assistance.

(b) Tipping of Refuse.

A large tipping site is at present available. The access road to the site divides the tipping space into two parts, the portion on the right of this road having been worked for many years, but because of fire and in order to avoid any further tipping at unsuitable levels, a new site to the left of the access road was used. Tipping was carried out in long narrow strips to facilitate consolidation of the material and to make the work of fire control reasonably easy. The only fire on the tip during the year was caused wilfully, and this was soon brought under control by a transverse excavation through the strip affected. Trouble was caused by trespassers interfering with the working face of the tip, and with material which had been sorted out for salvage.

(c) Salvage.

In the last quarter of the year there was a revival of demand for materials salvaged from refuse. This new demand followed a period in which it had been difficult to dispose of salvaged materials, and falling market prices had made the work of separation uneconomical.

Total sales for the quarter amounted to £67:11:7d.

GENERAL SANITARY ADMINISTRATION

(a) Infectious Disease.

Whenever necessary terminal disinfection was carried out at premises where infectious disease had occurred.

Disinfectant was supplied free for domestic use on request.

(b) Tents, Vans and Sheds.

There were three licensed sites in use during the year. Two temporary dwellings were used by workmen on the open cast coal site, the third dwelling by a person who was forced by circumstances outside his control to leave his previous residence.

While in general these sites were maintained in a reasonably satisfactory condition, I should like to see the use of the site in Mary Lane discontinued as soon as practicable.

(c) Verminous Premises.

Disinfestation was carried out either by the occupier or by the Council's staff at 14 houses. The cost of carrying out the work was in each case charged to the occupier where the infestation was a result of neglect.

(d) Rodent Control.

During the year a complete treatment of the sewers was carried out. Only a minor rat infestation was shown. Regular sewer treatment will be carried out and this will assist in keeping surface infestations of premises to the minimum.

The Sewage Disposal Works and Refuse Tips were treated regularly.

Only 15 premises were found to have rodent infestations and these received appropriate treatment.

(e) Factorios Act.

There are 6 factorios on the register. These received routine inspection and it was necessary to serve only 2 notices to enforce compliance with the Act.

During the year all three of the registered outworkers discontinued business.

(f) Water Supply.

All except 8 houses are now on the public supply. I intend to carry out periodic sampling at those premises to check the bacteriological condition of the water.

There is still an acute necessity for a supply of soft water to the district. The hardness of the existing supply causes considerable maintenance costs to water and sanitary fittings.

HOUSING

As in other districts there is a proportion of houses which in normal circumstances would be dealt with as clearance areas or as individual demolitions, but such action is at present impracticable.

One house which had stood empty for sometime was demolished after representation had been made to the owner, and the owners of another four houses in a similar condition were asked to carry out demolition. All the houses had been previously scheduled for demolition but they had been reprieved from this action on the outbreak of war.

The owners of many houses were compelled to carry out repair work and maintenance, but the work of improvement had to be limited because of excessive costs and shortages of materials. The owners of property with an estimated life of 15 years and over, were asked to provide separate W.C. accommodation where such was not already installed. This action was most unpopular with owners who complained strongly at the disproportion of income from rents and expenditure on high building costs. The conversion of waste water closets was continued, and the few now remaining which are capable of conversion are expected to be completed next year.

Subsidence due to mining was the cause of damage to many houses, and in some cases the tenants were inconvenienced by the lengthy process of establishing liability and the completion of repair work.

A detailed recording system of maintenance and repair of Council houses was set up so that a complete record of repair to each house, together with costs, became readily available. A few Council house tenants did not maintain their houses in a clean condition, but improvement was secured after warning was given.

A survey of the various temporary buildings and poultry houses kept on the Council's estate was made. No complaint of nuisance or otherwise was reported, but some of these structures are offensive to the eye.

(a) Visits.

Visits were made under the various Acts as below:

Visits made under Public Health Act, 1936 ...	1,244
Visits made under Housing Act, 1936	298
Visits made under Food and Drugs Act, 1938 ...	124
Visits made under Factories Act, 1937	12
Visits made under Prevention of Damage by Posts Act, 1949	36
Visits made under Slaughter of Animals Act, 1933	8

(b) Notices.

Notices were served as follow:

Notices served under Public Health Act, 1936:

Informal	322
Formal	74

Notices served under Housing Act, 1936:

Informal	17
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Notices served under Factories Act, 1937:

Informal	1
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The following notices were complied with:

Notices served under Public Health Act, 1936:

Informal	260
Formal	49

Notices served under Housing Act, 1936:

Informal	17
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Notices served under Factories Act, 1937:

Informal	1
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FOOD INSPECTION

(a) Milk.

The following Licences were issued to distributors of milk:

Mr. Amos,	13 Pitt Street,	Sterilised.
	LOW VALLEY.	
Northern Dairies,	(Vehicle)	Supplementary
Ltd.,		Sterilised.
Mr. W. Hinchcliffe,	44 George Street,	Pasteurised.
	LOW VALLEY.	
The Barnsley British	(Vehicle)	Supplementary
Co-operative Society,		Pasteurised.
Northern Dairies,	(Vehicle)	Supplementary
Ltd.,		Pasteurised.
Mr. R. G. Micklenthwaite,	Low Laithes Farm,	Supplementary
	ARDSLEY.	T. T.
Northern Dairies,	(Vehicle)	Supplementary
Ltd.,		T. T.
The Barnsley British	(Vehicle)	Supplementary
Co-operative Society,		T. T.

In general the distribution of milk was carried out in a satisfactory manner but several minor contraventions of the Milk and Dairies Regulations required informal action.

Two samples of milk for biological examination were taken and these proved satisfactory.

During the year a new sampling cabinet together with a chilling agent was obtained for the purpose of taking a greater number of food samples for biological and bacteriological examination.

(b) Meat - Slaughterhouses.

There are two licensed slaughterhouses in the district but these are used only for the private slaughter of pigs.

All animals killed under licence were inspected, the following diseased parts being surrendered for destruction.

4 Heads,	Tuberculosis.
1 Liver,	Tuberculosis.
1 Intestinal Fat,	Tuberculosis.
2 Lungs,	Tuberculosis.
1 Lung,	Flourisy.

(c) Other Food.

The following miscellaneous items of foodstuff were found to be unfit for human consumption and were surrendered to me and destroyed.

1 tin Meat	1 Jar Jam	2 lbs. Bacon.
1 tin Beans	2 tins Milk	6 lbs. Ox Tongue.
2 tins Soup	4 tins Tomatoes.	

(d) Food Premises.

Inspections were made of all premises where food is sold or prepared for sale and improvements were secured at 18 premises.

A code of hygiene was prepared and distributed to all food handlers. All the essential requirements relating to hygiene and sanitation both personal and impersonal were embodied in the code.

The number of registered food premises is as follows:

Fried Fish Shops	...	...	7
Ice Cream	...	...	7
Meat Products	...	...	2

Steps are being taken to introduce byelaws for the handling and wrapping of food and it is hoped that these will be in force in the near future.



